

Nexus Trading Services Limited

Brunel Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brunel Court is an Extra Care Housing scheme. People using the service live in their own flats in one location. At the time of our inspection there were 13 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by enough suitably trained staff. Individual risks to people were assessed and reviewed, where people needed support with medicines this was provided to them in a safe way. People were protected from potential harm and there were procedures in place for this. Infection control procedures were also followed.

People were supported in a kind and caring way by staff that knew them well. People's privacy and dignity was considered and maintained. They were encouraged to make choices and remain independent.

People's preferences including their likes and dislikes, were considered, and they received support based on these needs. People's communication was considered. There was a complaint policy in place.

There were systems in place to monitor the service so that concerns could be identified, and action taken. This information was used to drive improvements throughout the service. Lessons were learnt when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 November 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Brunel Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We gathered feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered and deputy manager. We reviewed a range of records. This included four people's care records. We also looked at records relating to the management of the service, including procedures and governance records.

After the inspection

We spoke with two people who used the service, two relatives and one care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and relatives felt safe being supported by staff. One person told us, "Yes they keep me safe, more importantly they make me feel safe."
- Risks to people's individual needs were assessed, monitored and reviewed. When incidents or changes had occurred, plans were updated to reflect this.
- People's environmental risks had also been considered to ensure staff had the relevant information to keep themselves and people safe.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. When needed, incidents had been reported to the safeguarding team so they could ensure the correct action had been taken.
- Staff had received training and understood when people may be at risk of harm. Staff were able to demonstrate an understanding of this to us.

Using medicines safely

- People told us they received their medicines as prescribed. The records we reviewed confirm this.
- Staff received training to ensure they were safe to administer medicines and their competency was checked on a regular basis to ensure they remained up to date.

Staffing and recruitment

- People and relatives told us there were enough staff available to support people. One relative told us, "There are plenty of lovely staff, they are always on time and we have no complaints, we have never been let down by them."
- Staff told us, and we saw they had received the relevant pre employment checks before they could start working in people's homes.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager was able to demonstrate lessons had been learnt when things went wrong. They talked us through the action that would be taken following a medicines error, including how this was shared with staff.
- When accidents or incidents occurred, these were also reviewed to see if anything could be done differently if they reoccurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care that was in line with their assessed needs.
- People's characteristics including gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were also assessed and considered.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the relevant training to support them. One person said, "They know what they are doing, they are all very good. Sometimes when they come and help me, they tell me they went on training, they have it all the time."
- Staff received training that helped them support people. They felt this was of a good quality.
- There was an induction process in place for new starters. This including training and the opportunity to shadow more experienced staff whilst getting to know the people they were supporting.

Supporting people to eat and drink enough to maintain a balanced diet

- Where needed people were supported to eat and drink.
- People's dietary needs had been assessed. Records monitored what people ate and drank. When people required specialist diets, for example due to diabetes, we saw information was in place for staff to follow to ensure people received the correct support needed.
- There was a restaurant for people to access if they wished to.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff and the registered manager worked with other agencies and health professionals to ensure people's needs were met.
- We saw one person was regularly seen by the district nurse and staff were available to support if needed.
- The registered manager told us they would refer people to health professionals for more specific support if needed, for example, speech and language therapists or physiotherapists.
- People's oral health care was assessed to ensure people received the support they needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager and staff had received training and understood how to support people.
- They understood about people's capacity and the importance of gaining consent from people.
- They were not currently supporting anyone who lacked capacity to make decisions for themselves.
- When lasting power of attorney decision were in place, a copy of these were stored in the office, for when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Both people and relatives were happy with the care they received. One person said, "It's marvellous, they are all marvellous." A relative told us, "They have come on leaps and bounds since they have been there. The care is very good, we have no complaints. Each and every staff member is exceptional."
- Staff were able to talk to us about people and knew them well, including their likes and dislikes and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in their care and this was regularly reviewed.
- Records we reviewed reflected people's preferences and choices and how these were made.
- People were encouraged to make choices about their day. Staff told us how people choose what to wear, what they liked to eat and what they would like to do.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted.
- People and relatives told us how they had remained independent. One relative told us about how their relation had been unwell and how the staff had supported them back to independence.
- Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives felt involved with the care and the plans in place reflected people's choice.
- Staff had the opportunity to attend handover where they could share information about people and any changes that had occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard.
- People's communication needs had been considered. People had communication plans which identified their preferred method of communication. Staff were aware of these and how people preferred to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in pastimes they enjoyed.
- Staff told us they always ensured people were comfortable and had something to do before they left. Including their newspapers, television remotes and books.

Improving care quality in response to complaints or concerns

- People and relatives knew and felt able to complain.
- There was a complaints policy in place and the registered manager assured us this would be followed if needed.
- No recent complaints had been made.

End of life care and support

- There was no one currently receiving end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality checks were completed, to ensure people received the support they needed. These included audits of medicines management, care plans and daily notes. We saw where areas of improvements had been identified action had been taken to ensure improvements had been made.
- Staff understood their roles and there was hierarchy system in place to delegate concerns.
- Staff felt supported by the registered manager. They had the opportunity to raise concerns through supervisions. They felt their concerns would be listened to.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Working in partnership with others

- People, relatives and staff spoke positively about the management team and the support they received. One relative told us, "I am very happy with all aspects of the care they receive. I would recommend. The flats are lovely too."
- The service worked closely with other agencies to ensure people received the care they needed.
- Staff worked closely with people and their relatives to ensure good outcomes were achieved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood and met by the registered manager.
- When incidents had happened in the service, the registered manager was open and honest and had shared this information with people and relatives. People and relatives felt they were kept up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people who were supported, in the form of surveys. The information was analysed and shared. The feedback received was mainly positive.